DECLARATION AND POWER OF ATTORNEY

IISA/PCT

As a below named inventor, I hereby declare that:

- My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated.
- I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: DISPERSIONS OF SOLID, SEMI-SOLID, AND LIQUID RESINS AND A METHOD OF COPY OF PAPERS MAKING THE SAME

and the specification of which: (check one)

is attached hereto (_ was filed on November 15, 2001 Ø

Application No. 10/002,448

and was amended on

- (c) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.
- (d) I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.
- (e) I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below or §365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR	FOREIGN	APPI	ICATIO!	NIS
INVI	LOMBION	~		. 1(13)

PRIORITY CLAIMED

CERTIFIED COPIES INCL.

Number

Country or PCT

Day/Month/Year Filed

Additional claims for benefit are attached.

(f) I hereby Claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:

COPY OF PAPERS: PCT Appln. Serial No. ORIGINALLY FIGURE 19,760

Citizenship:

P. O. Address:

Filing Date November 17, 2000 Status at Application Filing Date

pending

Additional claims for benefit are attached.

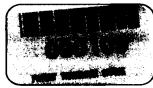
by appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the ad Trademark Office connected therewith. Address all correspondence to The Dow Chemical Company's appointed counsel at:



COPY OF PAPERS **ORIGINALLY FILED**

United States o fAmerica

Same as Residence



This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):			
	fichigan 48674 USA	At: Midland, Michigan 48674 USA	20
this day c	of, 20	this day of	, 20
Signature:			
Full Name:		Signature:	
Residence:	919 Whispering Oak Drive	Full Name: Robert D. Mussell	
	Midland, Michigan 48642	Residence: 3800 Haskin Drive Midland, Michiga	
Country:	United States of America	Country: United States of A	merica
Citizenship:	United States of America	Citizenship: United States of A	merica
P. O. Address:	Same as Residence	P. O. Address:	
At: Louisville,	Kentucky, USA	At:	
this 4th day of	20 CZ	this day of	, 20
Signature:	whole pelan	Signature:	
Full Name:	Michael Anthony Jackson	Full Name:	,
Residence:	1009 Juniper Springs Drive	Residence:	
	Louisville, Kentucky 40242		
Country:	United States of America	Country:	

Citizenship:

P. O. Address:

DECLARATION AND POWER OF ATTORNEY USA/PCT

As a below named inventor, I here	by declare that:
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- (a) My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated.
- (b) I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: DISPERSIONS OF SOLID, SEMI-SOLID, AND LIQUID RESINS AND A METHOD OF

MAKING THE SAME
and the specification of which: ☐
(check one)

is attached hereto (_____).
was filed on <u>November 15, 2001</u> as (<u>61107A</u>).

Application No. <u>10/002,448</u>

and was amended on

- (c) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.
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PRIOR FOREIGN APPLICATION(S)
Number Country or PCT Day/Month/Year Filed

PRIORITY CLAIMED

CERTIFIED COPIES INCL.

Additional claims for benefit are attached.

(f) I hereby Claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:

US or PCT Appln. Serial No. 60/249,760

Additional names and signatures are attached.

Filing Date November 17, 2000 Status at Application Filing Date

pending

Additional claims for benefit are attached.

cropy appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the attorney (s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the attorney (s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the attorney (s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the attorney (s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the attorney (s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the attorney (s) and (s) are the following Customer No. to prosecute this application and to transact all business all correspondence to The Dow Chemical Company's appointed counsel at:

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This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):				
At: Midland, Michigan 48674 USA this 25 day of		At: Midland, Michigan 48674 USA this 5th day of february ,2002		
Residence: Country: Citizenship: P. O. Address:	Richard Allen Lundgard 919 Whispering Oak Drive Midland, Michigan 48642 United States of America United States of America Same as Residence Kentucky, USA	Signature: Robert D. Mu Residence: 3800 Haskin E Midland, Micl United States Citizenship: United States P. O. Address: Same as Resid At: this day of	Orive higan 48640 of America of America lence	
Signature: Full Name: Residence: Country: Citizenship: P. O. Address:		Signature:		